PTO/SB/05 (11-00)
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Approved for use through 10/31/2002. OMB 0651-0032
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UTILITY **PATENT APPLICATION TRANSMITTAL**

Attorney Docket No. First Inventor HANS A. MISCHE

Title METHOUS + DEDICES For Treymout of BONE

Express Mail Label No. EF 385 844 52 US

(Only for new nonprovisional applications under 37 CFR 1.53(b))

APPLICATION ELEMENTS	ADDRESS TO: Assistant Commissioner for Patents Box Patent Application
See MPEP chapter 600 concerning utility patent application contents.	Washington, DC 20231
1. Fee Transmittal Form (e.g., PTO/SB/17) (Submit an original and a duplicate for fee processing)	CD-ROM or CD-R in duplicate, large table or Computer Program (Appendix)
Applicant claims small entity status. See 37 CFR 1.27.	Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary)
3. Specification [Total Pages []]	a. Computer Readable Form (CRF)
- Descriptive title of the invention	b. Specification Sequence Listing on:
 Cross Reference to Related Applications Statement Regarding Fed sponsored R & D 	i. CD-ROM or CD-R (2 copies); or
 Reference to sequence listing, a table, or a computer program listing appendix 	ii. paper
- Background of the Invention	c. Statements verifying identity of above copies
 Brief Summary of the Invention Brief Description of the Drawings (if filed) 	ACCOMPANYING APPLICATION PARTS
- Detailed Description	Assignment Papers (cover sheet & document(s))
 Claim(s) Abstract of the Disclosure 	10. 37 CFR 3.73(b) Statement Power of Attorney
4. Drawing(s) (35 U.S.C. 113) [Total Sheets 13]	11. (when there is an assignee) Attorney 11. English Translation Document (if applicable)
5. Oath or Declaration [Total Pages]	12 Information Disclosure Copies of IDS
a. Newly executed (original or copy)	13. Preliminary Amendment
b. Copy from a prior application (37 CFR 1.63 (d)) (for continuation/divisional with Box 18 completed)	Return Receipt Postcard (MPEP 503) (Should be specifically itemized)
I. DELETION OF INVENTOR(S)	15. Certified Copy of Priority Document(s) (if foreign priority is claimed)
Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR	Paguaget and Contification under 25 U.C.C. 400
1.63(d)(2) and 1.33(b).	(b)(2)(B)(i). Applicant must attach form PTO/SB/35
6. Application Data Sheet. See 37 CFR 1.76	or its equivalent. 17. Other:
18. If a CONTINUING APPLICATION, check appropriate box, and supp	by the requisite information below and in a realismin and an all the second and t
or in an Application Data Sheet under 37 CFR 1.76:	iy use requisite information below and in a preliminary amendment,
Continuation Divisional Continuation-in-part (CIP)	of prior application No
Prior application information Examiner	Group Art Unit.
For CONTINUATION OR DIVISIONAL APPS only: The entire disclosure of the Box 5b, is considered a part of the disclosure of the accompanying continuation.	ation or divisional application and is hereby incorporated by reference
The incorporation can only be relied upon when a portion has been inadvert 19. CORRESPONDE	tently omitted from the submitted application parts.
15. CORRESPONDE	INCE ADDRESS
Customer Number or Bar Code Label (Insert Customer No. or Attach bar	code tabel here) or Correspondence address below
Name HANS / M	SCHE
Address UN CHEUNSFOR	id CANE
city ST. CLOUD	State Mn Zip Code 5636 1
-	phone 320 260014 Fax
Name (Print/Type) HANSA, MISCHE	Registration No. (Attorney/Agent) , j
Signature Tan Collin	Date 12/4/11

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Box Patent Application, Washington, DC 20231.

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FEE TRANSMITTAL for FY 2001

Patent fees are subject to annual revision.

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TOTAL AMOUNT OF PAYMENT

Complete if Known				
Application Number	1 1			
Filing Date	12/8/	7.00€	, , , , , , , , , , , , , , , , , , , ,	
First Named Inventor	HANS	A	MISCHE	
Examiner Name				
Group Art Unit				
Attorney Docket No.				

METHOD OF PAYMENT	FEE CALCULATION (continued)			
1. The Commissioner is hereby authorized to charge	3. ADDITIONAL FEES			
indicated fees and credit any overpayments to: Deposit	Large Small			
Account Number	Entity Entity Fee Fee Fee Fee Fee Description	Can Daid		
Deposit	Code (\$) Code (\$) Fee Description	Fee Paid		
Account Name	105 130 205 65 Surcharge - late filling fee or oath			
Charge Any Additional Fee Required Under 37 CFR 1 16 and 1 17	127 50 227 25 Surcharge - late provisional filing fee or cover sheet			
Applicant claims small entity status	139 130 139 130 Non-English specification			
See 37 CFR 1 27	147 2,520 147 2,520 For filing a request for ex parte reexamination			
2. Payment Enclosed:	112 920* 112 920* Requesting publication of SIR prior to			
Check Credit card Money Other	Examiner action			
FEE CALCULATION	113 1,840* 113 1,840* Requesting publication of SIR after Examiner action			
1. BASIC FILING FEE	115 110 215 55 Extension for reply within first month			
Large Entity Small Entity	116 390 216 195 Extension for reply within second month			
Fee Fee Fee Fee Description Code (\$) Code (\$) Fee Paid	117 890 217 445 Extension for reply within third month			
101 710 201 355 Utility filing fee 355	118 1,390 218 695 Extension for reply within fourth month			
106 320 206 160 Design filing fee	128 1,890 228 945 Extension for reply within fifth month			
107 490 207 245 Plant filing fee	119 310 219 155 Notice of Appeal			
108 710 208 355 Reissue filing fee	120 310 220 155 Filing a brief in support of an appeal			
114 150 214 75 Provisional filing fee	121 270 221 135 Request for oral hearing			
9 O	138 1,510 138 1,510 Petition to institute a public use proceeding			
SUBTOTAL (1) (\$) 355	140 110 240 55 Petition to revive - unavoidable			
2. EXTRA CLAIM FEES Fee from	141 1,240 241 620 Petition to revive - unintentional			
Extra Claims below Fee Paid	142 1,240 242 620 Utility issue fee (or reissue)			
Total Claims 20** = 4 X 9 = 56	143 440 243 220 Design issue fee			
Claims 4 3 - 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	144 600 244 300 Plant issue fee			
Multiple Dependent	122 130 122 130 Petitions to the Commissioner			
Loren Entitle C. H.E. H.	123 50 123 50 Processing fee under 37 CFR 1.17(q)			
Large Entity Small Entity Fee Fee Fee Fee Description	126 180 126 180 Submission of Information Disclosure Stmt			
Code (\$) Code (\$) 103 18 203 9 Claims in excess of 20	581 40 581 40 Recording each patent assignment per property (times number of properties)			
102 80 202 40 Independent claims in excess of 3	146 710 246 355 Filing a submission after final rejection			
104 270 204 135 Multiple dependent claim, if not paid	(37 ČFR § 1.129(a))			
109 80 209 40 ** Reissue independent claims over original patent	149 710 249 355 For each additional invention to be examined (37 CFR § 1.129(b))			
110 18 210 9 ** Reissue claims in excess of 20	179 710 279 355 Request for Continued Examination (RCE)			
and over original patent	169 900 169 900 Request for expedited examination of a design application	İ		
SUBTOTAL (2) (\$) 43	Other fee (specify)			
**or number previously paid, if greater, For Reissues, see above	*Reduced by Basic Filing Fee Paid SUBTOTAL (3) (\$)	31		

SUBMITTED BY				Complete (if applicable)
Name (Print(Type)	HAM'S A	Mische	Registration No. (Attorney/Agent)	Telephone 320 260 0121
Signature	- stan	Intlée		Date 12/8/00

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